

APPLICATION FOR ADMISSION

If this is an application for a Nursery place, please indicate if you would like your child to be offered a 15 hour place (universal entitlement), or a 30 hour place (extended entitlement)

☐ 15 hour place- Half day Nursery (8.45am – 11.45am) ☐ 30 hour place- Full day Nursery (8.45am – 3.15pm)

PUPIL DETAILS

Forename: _____

Middle Name: _____

Surname: _____

Preferred Name: _____

Date of Birth: _____

Age as of Today: _____ Gender: Boy ☐ Girl ☐ Other _____

(Years and months)

ADDRESS DETAILS

House/Flat Number: _____

Street: _____

Town: _____

City _____ Postcode: _____

PARENT DETAILS**MOTHER**

Full Name: _____

Address: _____

Email: _____

Telephone Numbers

Home _____

Mobile _____

Work _____

FATHER

Full Name: _____

Address: _____

Email: _____

Main No.

☐

Home _____

☐

Mobile _____

☐

Work _____

Main No.

☐☐☐

Please tick the box ☐ to indicate the main contact number for each of the parents

OTHER CONTACTS

In the event we need to contact someone, i.e. child is unwell etc, we need other contact information. Please fill in the details of other relatives/friends/neighbours that may be able to collect your child in case of emergency. You are also asked to order all contact personnel in order of priority, i.e who should the school call first in case of emergency, the priority list should include parents.

OTHER CONTACT 1

Full Name: _____

Relationship to Child _____

Address: _____

Email: _____

Telephone Numbers

Home _____

Mobile _____

Work _____

Main No.

☐☐☐

OTHER CONTACT 2

Full Name: _____

Relationship to Child _____

Address: _____

Email _____

Main No.

☐☐☐

Please tick the box ☐ to indicate the main contact number for each of the other contacts

CONTACT PRIORITY ORDER

Please place all contacts in order of priority. i.e what order should school contact people in?

1) _____ 3) _____

2) _____ 4) _____

PREVIOUS SCHOOL(S) OR NURSERY (If applicable)

Name of School _____ Name of School _____

Town/Borough _____ Town/Borough _____

Date Left _____ Date Left _____

SIBLING INFORMATION

Do you have any other children of Nursery or Primary School Age i.e 3+ years of age?

Yes ☐ No ☐On waiting List
(For Brentside Primary)

Name

Age

Current School (if Applicable)

Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No ☐

MEDICAL

GP Details

Medical Centre Name _____

Address _____

Telephone Number _____

Pupil NHS Number _____

Medical Conditions

- Does your child have any of the following medical conditions? Please tick all that apply

Asthma Yes ☐ No ☐Hayfever Yes ☐ No ☐Eczema Yes ☐ No ☐Diabetes Yes ☐ No ☐Epilepsy Yes ☐ No ☐

- Does your child have any other known medical conditions?

Yes ☐ No ☐

If yes, please state _____

- Has your child ever had any hospital treatment

Yes ☐ No ☐

If yes, please state _____

- Is your child on regular medication from the doctor?

Yes ☐ No ☐

If yes, please state _____

- Has your child had any major injuries in the past?

Yes ☐ No ☐

If yes, please state _____

- Does your child have any allergies?

Yes ☐ No ☐

If yes, please state _____

- Has your child ever had febrile convulsions

Yes ☐ No ☐

If yes, please state _____

- Does your child have an EpiPen or Asthma Pump?

Yes ☐ No ☐

If yes, please state _____

- Does your child have a sensory or mobility impairment?

Yes ☐ No ☐

If yes, please state _____

Additional Medical Comments

DIETARY NEEDS

ALLERGIES

Please tick all that

- ☐ Nut Allergy- No nuts of any type/quantity
- ☐ Wheat/Gluten Allergy
- ☐ Dairy Allergy- No dairy produce
- ☐ Seafood Allergy
- ☐ Artificial Colouring Allergy
- ☐ Other- Please Specify _____

DIETARY REQUIREMENTS

Please tick all that apply

- ☐ Vegetarian
- ☐ Halal
- ☐ Kosher foods only
- ☐ No Pork
- ☐ No Beef
- ☐ Other- Please Specify _____

ETHNICITY

The DfE request that all schools collect ethnic and cultural information for all children that are admitted to the school.

Please state the ethnic origin and Religion of your child

Please tick the one ethnicity that best matches your child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Any other black background | <input type="checkbox"/> Indian | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Iranian | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Iraqi | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Black – Ghanaian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White Eastern European |
| <input type="checkbox"/> Black – Nigerian | <input type="checkbox"/> Other Black African | <input type="checkbox"/> White Western European |
| <input type="checkbox"/> Black – Somali | <input type="checkbox"/> Pakistani | <input type="checkbox"/> I'd rather not say |
| <input type="checkbox"/> Black – Caribbean | <input type="checkbox"/> White - British | <input type="checkbox"/> Other (Please Specify) _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> White – Irish | |

RELIGION

Please tick that which applies:

- | | | | |
|------------------------------------|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Hindu | <input type="checkbox"/> No Religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | <input type="checkbox"/> Other Religion (Please Specify) _____ |

LANGUAGE

What Language is spoken at home?

Is English your child's second language

Yes ☐ No ☐

NATIONAL IDENTITY

Please tick that which applies:

- | | | |
|---|--------------------------------|-----------------------------------|
| <input type="checkbox"/> British | <input type="checkbox"/> Welsh | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> English | <input type="checkbox"/> Irish | <input type="checkbox"/> Other |
| <input type="checkbox"/> I would rather not say | | |

COUNTY OF BIRTH

Country of Birth (Only required if not born in the UK)

Date of arrival in the UK

TRAVEL ARRANGEMENTS

Please tick that which applies:

- ☐ My child will come to school by car
- ☐ My child will come to school by bus
- ☐ My child will walk to school
- ☐ Other

FREE SCHOOL MEALS

Is your child eligible for free school meals?

Yes ☐ No ☐ Unsure ☐

You can check if your child is entitled to Free school meals by completing a free school meals application form. Available from the school office.

ANY OTHER COMMENTS/INFORMATION YOU WOULD LIKE THE SCHOOL TO KNOW?

REASON FOR APPLYING TO BRENTSIDE PRIMARY ACADEMY?

IDENTIFICATION CHECK

Please tick the form of identification you will be providing for your child (One required)

☐ Passport ☐ Birth Certificate ☐ ID Card ☐ Other (Please Specify) _____

Available on our website is the Privacy Notice explaining how and why we collect personal data and the legal basis for the data collection. It also explains who and why we share personal information. The Privacy Notice can be found at www.brentsideprimary.ealing.sch.uk it is located in: Governors- Data Protection (GDPR)- Privacy Notices. A copy of the Privacy Notice can be requested from the School Office. Our Data Protection Policy is also available on the website.

SIGNATURE OF PARENT/GUARDIAN

Signature _____ Date _____

Print Name _____